

<p style="text-align: center;">Court of Appeal Third Appellate District</p> <p>Appellate Case No: _____</p>	
	<p>TRIAL COURT CASE NUMBER _____</p> <p>COUNTY: _____</p>
<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address)</p> <p>Telephone No: _____</p> <p>Attorney For: _____</p>	<p style="text-align: center;">For Court Use Only</p>
<p>APPELLANT:</p> <p>RESPONDENT:</p>	
<p style="text-align: center;"><u>RESPONDENT'S CIVIL APPEAL MEDIATION STATEMENT</u></p>	

(NOTE: Ten days after filing of the appellant's Civil Appeal Mediation Statement, respondent must serve and file its completed Civil Appeal Mediation Statement (Local Rule 1(d)(3).) Questions regarding this form can be directed to the Appellate Mediation Program Coordinator at 916-274-5882.

1: Provide any additions or corrections to the statement of the case as set forth in the appellant's Civil Appeal Mediation Statement:

2: Respond briefly to the items identified by appellant as issues raised on appeal in the appellant's Civil Appeal Mediation Statement:

*** A proof of service of this document on all counsel, prior to filing, must be attached. You may use additional sheets as necessary.

Date:

(Print or Type Name)

(Signature of Attorney)

NOTE: Recognizing the appellate record has not yet been prepared and that counsel and parties may not yet be able to identify all appellate contentions, the Court will not deem an omission from this Statement to be a waiver or forfeiture of any claim on appeal.